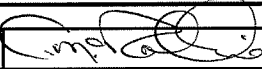


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|  |  |                          |                        |
|--|--|--------------------------|------------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b><br><h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3> |  | <b>Complete if Known</b> |                        |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Application Number       | 10/568,779-Conf. #5253 |
|  |  | Filing Date              | February 21, 2006      |
|  |  | First Named Inventor     | Jun OKI                |
|  |  | Examiner Name            | D. D. Carr             |
|  |  | Art Unit                 | 1621                   |
| TOTAL AMOUNT OF PAYMENT  |  | (\$)                     | 465.00                 |
|  |  | Attorney Docket No.      | 4578-0116PUS1          |

|  |  |
|--|--|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |  |
| <input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch &amp; Birch, LLP</u>                            |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>                                     |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments             |  |

|   |                     |   |                                |                                  |                         |                     |                       |
|---|---------------------|---|--------------------------------|----------------------------------|-------------------------|---------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                     |   |                                |                                  |                         |                     |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                                |                                  |                         |                     |                       |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b>             |                                  | <b>EXAMINATION FEES</b> |                     |                       |
|   |                     | <b>Small Entity</b>                                     |                                | <b>Small Entity</b>              |                         | <b>Small Entity</b> |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>     | <b>Fee (\$)</b>   | <b>Fee (\$)</b>                | <b>Fee (\$)</b>                  | <b>Fee (\$)</b>         | <b>Fee (\$)</b>     | <b>Fees Paid (\$)</b> |
| Utility   | 310                 | 155   | 510                            | 255                              | 210                     | 105                 |                       |
| Design  | 210                 | 105   | 100                            | 50                               | 130                     | 65                  |                       |
| Plant   | 210                 | 105   | 310                            | 155                              | 160                     | 80                  |                       |
| Reissue   | 310                 | 155   | 510                            | 255                              | 620                     | 310                 |                       |
| Provisional   | 210                 | 105   | 0                              | 0                                | 0                       | 0                   |                       |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                                |                                  |                         |                     |                       |
| <b>Fee Description</b>  |                     |   |                                |                                  |                         | <b>Small Entity</b> | <b>Small Entity</b>   |
|   |                     |   |                                |                                  |                         | <b>Fee (\$)</b>     | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)   |                     |   |                                |                                  |                         | 50                  | 25                    |
| Each independent claim over 3 (including Reissues)  |                     |   |                                |                                  |                         | 210                 | 105                   |
| Multiple dependent claims   |                     |   |                                |                                  |                         | 370                 | 185                   |
| <b>Total Claims</b>   | <b>Extra Claims</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b>           | <b>Multiple Dependent Claims</b> |                         |                     |                       |
| <u>2</u>  | - 20 =              | x   | =                              | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b>    |                     |                       |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                                |                                  |                         |                     |                       |
| <b>Indep. Claims</b>  | <b>Extra Claims</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b>           |                                  |                         |                     |                       |
| <u>1</u>  | - 3 =               | x   | =                              |                                  |                         |                     |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                                |                                  |                         |                     |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                                |                                  |                         |                     |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                                |                                  |                         |                     |                       |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b>                | <b>Fee Paid (\$)</b>             |                         |                     |                       |
| <u>          </u>   | - 100 =             | /50 =   | (round up to a whole number) x | =                                |                         |                     |                       |
| <b>4. OTHER FEE(S)</b>  |                     |   |                                |                                  |                         |                     |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                                |                                  |                         |                     |                       |
| Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 ...   |                     |   |                                |                                  |                         | 405.00              |                       |
| 2251 Extension for response within first month  |                     |   |                                |                                  |                         | 60.00               |                       |

|                     |   |                                   |                |
|---------------------|---|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |   |                                   |                |
| Signature           |  | Registration No. (Attorney/Agent) | 42,874         |
| Name (Print/Type)   | Craig A. McRobbie   | Telephone                         | (703) 205-8000 |
|                     |   | Date                              | AUG 20 2008    |